2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# V03234

Entity Name: PALMS CONVALESCENT CARE, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD.
400
MIAMI, FL 33137

New Principal Place of Business:

4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD.
400
MIAMI, FL 33137

New Mailing Address:

4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137

FEI Number: 65-0310455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
400
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
1400
MIAMI, FL 33137 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: GALBUT, ABRAHAM A
Address: 4770 BISCAYNE BLVD.,400
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete
Name: GALBUT, RUSSELL W
Address: 2200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete
Name: MENIN, BRUCE A
Address: 2200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: GALBUT, ABRAHAM A
Address: 4770 BISCAYNE BLVD.,1400
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM A. GALBUT PRES 04/25/2009
Electronic Signature of Signing Officer or Director — Date